STATE OF CALIFORNIA
Department of General Services, Procurement Division

CERTIFICATION INFORMATION CHANGE FORM (New 1/2001)

Office of Small Business Certification and Resources (OSBCR)
707 3rd Street 1st Floor, Room 400, West Sacramento, CA 95605
(916) 375-4940 • www.dgs.ca.gov/osbcr

FOR STATE USE ONLY					
For App Recd					

<u>Instructions</u>: Please **TYPE** or **PRINT CLEARLY** in ink. Complete the required "Current Certification Information" section below and only the section(s) where you wish to request or report a change. The form must be signed by an authorized owner/officer. You may fax this completed change request form to (916) 375-4950, or mail it to: Office of Small Business Certification and Resources, P.O. Box 989052, West Sacramento, CA 95798-9052.

WHAT CHANGES CAN I MAKE TO MY CERTIFICATION USING THIS FORM?

- Business Name
- Mailing Address
- Principal Office Address
- Contact Information
- Owner's/Officer's Home Address
- Standard Industrial Classification (SIC) Codes
- Service Area(s) (Where your firm is able to do business)
- Add Construction Business Type and Change Contractors License Classification Codes
- Request to Terminate Your Certification
- To add Service, Non-Manufacturer, or Manufacturer to your certification, please contact our office as noted above.

WHAT CHANGES REQUIRE ME TO COMPLETE A NEW CERTIFICATION APPLICATION?

- Expired or revoked certification
- Change in ownership
- Business structure change from your current ownership type to a Sole Proprietorship, Partnership, Corporation, Limited Liability Company, Limited Liability Partnership, or Joint Venture
- Adding small business or disabled veteran business enterprise (DVBE) certification to your existing status.
- Acquisition of a new affiliate(s) [Small business certification only]

For all other changes and/or if you have any questions, please contact our office. You may download the application from our website at www.dgs.ca.gov/osbcr, or call the OSBCR at (916) 375-4940.

CURRENT CERTIFICATION INFORMATION (REQUIRED)										
Business Name (Business name currently certified under)			OSBCR REF # (From your certification letter)							
Mailing Address (Currently on file with the OSBCR. Street Address or P.O. Box)		City	'	State	ZIP Code					
This reported change affects my following Certification Type(s): (Check one or both)										
Small Business Disabled Veteran Business Enterprise (DVBE)										
Type of Change or Request: (Check all that apply)										
Business Name	Contact Information	Standard Industrial Classification (SIC) Codes								
Mailing Address	Owner's/Officer's Home Address		Construction Type Add/License Classification Codes							
Principal Office Address	Service Area(s)	Request to Terminate Certification								
A. Business Name Change										
New Business Name (Name used when bidding on state contracts)										
B. MAILING ADDRESS CHANGE (Did your principal office and/or any owner's home address change too? If so, please also complete Sections C and E.)										
New Mailing Address (Street Address or P.O. Box)		City		State	ZIP Code					
C. Principal Office Address Change										
New Physical Location of Principal Office (Street Address Only. No P.O. Box)		City		State	ZIP Code					
D. CONTACT INFORMATION CHANGE										
Phone Number	FAX Number	E-Mail Address	Internet Homepage Ac		epage Address					

E. OWNER'S/OFFICER'S HOME ADDRESS CHANGE ONLY				(If your business has experienced a change in ownership, you must complete a new certification application.)						
Individual/Entity Owner/Officer's Name		New Home Address			City		ZIP Code			
F. SERVICE ARE	a Change									
	e area number(s) where yo view a map of the areas b						ent ser-			
2 Siskiyou, Mo 3 Sierra, Butte Sacramento, 4 Sonoma, Na Santa Clara,	oa, Solano, Marin, Contra Cost	da, Placer, Yuba, El Dorado, a, Alameda, San Francisco,	7 Ventura, Los 8 San Bernard 9 Mono, Inyo	no, Riverside riposa, Alpine, Sta		ne, Calaveras	s, Amador,			
G. Standard In	NDUSTRIAL CLASSIFICATION ((SIC) CODE CHANGE								
	tandard Industrial Classificationsite at www.dgs.ca.gov/osbo			our certification	profile. For a c	omplete list o	f SIC			
ADD the	ADD the following SIC code(s) to my certification profile:			following SIC coo	ving SIC code(s) from my certification profile:					
4-digit SIC Code	de SIC Code Description		4-digit SIC Code	C Code SIC Code Description						
H. ADD CONSTR	LUCTION BUSINESS TYPE AND	CONTRACTORS LICENSE (L ASSIFICATION CO	DDE CHANGE (Co	onstruction Fir	ms Only)				
	ctor's license number and the					на сптуу				
Contractors License Number ADD the following classification codes to my p			to my profile: DE	ELETE the followi	ng classification	codes from m	ny profile:			
I. REQUEST TO	TERMINATE CERTIFICATION									
I wish to terminate Due to the following	e my certification status for: (ng reason(s):	Check one or both) Sm	nall Business	DVBE						
No longer in	business Did no	t use certification	Certification did	not help my busi	iness	Owner decea	ased			
Other (Please	e explain)									
AUTHORIZING SIG	GNATURE (REQUIRED)									
	nis document must be the cert mation provided herein is trut and correct.									
Owner's/Officer's	Signature				Date					
		For State	USE ONLY		<u> </u>					
Action Taken/Resu	ults				CO Initials	Date				
Additional Comme	nts									